

EXHIBIT A



P.O. BOX 158
ARCADE NY 14009

ADDRESS SERVICE REQUESTED

565284

03/16/2007

#BWNDLZK
#R000 08YS WRP9# *B-01-F68-EM-00020 079

*****SNGLP

PATRICIA BENNETT
6307 CHELSEA CV N
HOPEWELL JCT NY 12533-7114



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NOTICE PRIOR TO WAGE WITHHOLDING

You are given notice that, United Student Aid Funds, pursuant to federal law (Public Law 102-164; 20 U.S.C. § 1095a et seq.), will order your employer to immediately withhold money from your pay (a process known as "wage garnishment") for payment of your defaulted student loan(s), unless you take the action set forth in this notice.

Debtor: PATRICIA BENNETT
Employer: CRACKER BARREL

Address:

6307 CHELSEA CV N
HOPEWELL JUNC, NY 12533-1140

SSN: [REDACTED]

Total Amount
Currently Owed: \$25139.96

You must establish a written repayment agreement with Pioneer Credit Recovery within thirty (30) days of this notice. Otherwise, United Student Aid Funds will proceed to collect this debt through deductions from your pay. Unless you act within thirty (30) days of this notice, your employer will be ordered to deduct from your pay an amount equal to no more than fifteen percent (15%) of your disposable pay for each pay period, or the amount permitted by 15 U.S.C. 1673 (unless you give United Student Aid Funds written consent to deduct a greater amount) to repay your student loan(s) held by United Student Aid Funds. Disposable pay includes pay remaining after all deductions required by law have been withheld (such as social security and federal and state income taxes). Your employer will be ordered to deduct this amount no later than the first pay period which occurs after the date on which the Order of Withholding is issued to your employer, and will be ordered to deduct this amount each time you are paid, until your debt is paid in full.

You have the following rights regarding this action:

- You have an opportunity to inspect and/or request copies of Pioneer Credit Recovery, Inc. records relating to your debt. Basic information about your debt will be provided free of charge along with our response to your hearing request. All requests for documentation must be in writing. Telephone requests will not be honored. Please note that a request of documents, by itself, will not prevent garnishment of your wages.

Important information can be found on the back of this page ...

- You have the opportunity to avoid wage garnishment by immediately remitting the balance in full or by entering into a written repayment arrangement with Pioneer Credit Recovery to establish a satisfactory schedule for the repayment of this debt. To obtain information on entering into a repayment agreement, call 1-877-907-1804 and ask for Pioneer Credit Recovery, Inc. wage garnishment department.
- You have the right to object the proposed garnishment, and you have an opportunity for a hearing on your objection. You may raise as objection: (1) the existence of the debt; (2) the amount of the debt; or (3) that making installment payments in the amount equal to 15% of your disposable pay, or having payments in that amount withheld from your disposable pay would constitute an extreme financial hardship.
- An employer may not discharge you, refuse to employ you, or take disciplinary action against you as a result of this proposed action or the existence of an Order for Withholding. If an employer takes any of these actions, you may sue that employer in a state or federal court for reinstatement, back pay, attorney's fees, and punitive damages.
- If you document that you have been involuntarily separated from employment, United Student Aid Funds will not garnish your wages until you have been re-employed continuously for twelve (12) months. If you wish to claim this exemption from wage garnishment, you need to complete Part II of the enclosed "Request for Hearing" form and send us written proof that you qualify for the exemption on or before the 20th day. Satisfactory written proof is the following: documents from the Employment Commission of the state that you were employed in (or a similar agency in another state) indicating your entitled to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program (even if involuntarily separated from employment), you must provide a statement to that effect from the state unemployment agency. Failure to provide written proof may result in your claim of exemption being rejected as unsubstantiated.

How to request a hearing:

- Complete the enclosed form and return it to Pioneer Credit Recovery, Inc. on or before the 20th day. Mail your Hearing Request to PO Box 100, 26 Edward Street Arcade, NY 14009. Please write "Wage Garnishment Appeal Enclosed" on the envelope. Unless you specifically request an in-person or telephone hearing, the hearing will be a review of your written statement on the enclosed "Request for Hearing" form and all relevant documents. We will advise you when, where, and how your hearing will be held.
- Pioneer Credit Recovery must receive your written request for a hearing on or before the 20th day in order to prevent a Withholding Order from being issued to your employer. If you miss this deadline, you will still receive a hearing, but the hearing will not take place prior to the issuance of a Withholding Order to your employer. You must make your request for a hearing in writing. Telephone requests will not be honored.

Your hearing may take place in one of three ways:

- In writing: An independent hearing officer will review your written statement and any supporting documentation and decide whether or not your debt is subject to wage withholding, and the amount of that withholding:
- By phone: A conference call will be set up between you, Pioneer Credit Recovery, and the hearing officer; or
- In person: If you request a hearing in person, it will be heard at 665 Main Street, Suite 400, Buffalo, NY 14203, and you must pay your own expenses to appear at this hearing.

REQUEST FOR HEARING

PATRICIA BENNETT
6307 CHELSEA CV N
HOPEWELL JUNC, NY 12533-1140

[REDACTED]
8452264063
8458964194

INSTRUCTIONS

Use this form to request a hearing if you object to wage withholding. Complete all parts that apply, and return the completed form and all required documentation to the address given following PART III. Be sure that your name and social security number appear on all documents and sheets of paper you submit with this form.

If you wish to enter into a repayment agreement in order to prevent wage withholding, DO NOT USE THIS FORM. Instead, contact the Pioneer Credit Recovery, Inc. Collections Department at 1-877-907-1804. By agreeing to repay, you are also agreeing that you do not contest the debt, and that if you do not honor that repayment agreement, your debt can be collected by garnishment without further notice.

PART I. REQUEST FOR HEARING. (Check ONLY ONE of the following, then complete Parts II and III of this form.)

- I want a hearing based on my written statement and the records in my loan file.
- I want a hearing by telephone. (Provide a telephone number where you can be reached during the day):
- I want an in-person hearing at: 665 Main Street, Suite 400, Buffalo, NY 14203
(I understand that I must pay my own expenses to appear at this hearing.)

PART II. REASONS WHY YOU OBJECT TO GARNISHMENT. CHECK one or more reasons that apply. Explain any further facts concerning your objection on a separate sheet of paper. You have the burden of proving any claims raised by your objection(s). The hearing on your objection(s) will be conducted based on the information on this form, any documentation you provide, and the documentation maintained by United Student Aid Funds. Please note that failure to provide written proof of your objection(s) may result in a hearing official issuing a decision to deny your objection as unsubstantiated.

- I was involuntarily separated from employment and have not been reemployed continuously for twelve (12) months. (If you are covered under a states unemployment program, you should submit this form along with documents from your state Employment Commission (or a similar agency in another state) indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. (If you are not covered under a states unemployment program [even if involuntarily separated from employment], you must provide a statement to that effect from the state unemployment agency.) Please note that failure to provide written proof may result in a decision by this hearing official to deny your objection.

My previous employer was: _____
 Address _____ City _____ State _____ Zip _____
 Phone#: (_____) - _____ Date of Separation: _____

My present employer is: _____
 Address _____ City _____ State _____ Zip _____
 Phone#: (_____) - _____ Date Hired: _____

I do not owe the full amount shown because I repaid some or all of this loan. (Enclose copies of the

Important information can be found on the back of this page ...

front and back of all checks, money orders, and any receipts showing payments made to the holder of the loan.)

I am making payments on this loan as required under the repayment agreement I reached with the holder of the loan. (Enclose copies of the repayment agreement and copies of the front and back of checks where you paid on the agreement.)

Garnishment of 15% of my disposable pay would result in an extreme financial hardship. (You will be mailed financial disclosure forms that you should complete and return to support your claim, along with copies of all documentation required to support your claims on those forms. The hearing official will make a determination of the amounts you should pay based on a review of the financial disclosure forms and any documentation you submit.)

I filed for bankruptcy and my case is still open. (Enclose copies of any document from the court that shows the date that you filed, the name of the court, and your case number.)

This loan was discharged in bankruptcy. (Enclose copies of loan discharge order and the schedule of debts filed with the court.)

The borrower has died. (Enclose copy of borrowers Death Certificate.)

I am totally and permanently disabled (unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death.) I request an application for discharge of my loan for this reason.

I used this loan to enroll in _____ (name of school) on or about ____ / ____ / ____ , and could not complete my educational program because the school closed while I was enrolled or not later than 90 days after I withdrew. I request an application for discharge of my loan for this reason.

I did not have a high school diploma or GED when I enrolled at the school I attended when receiving this loan, and I believe the school did not properly test my ability to benefit from the program. I request an application for discharge of my loan for this reason.

When I borrowed this loan to attend _____ (name of school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting state requirements for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.

I believe that a representative of _____ (name of school) signed my name without permission on the loan application, promissory note, loan check(s), or authorization for my loan to be disbursed by electronic funds transfer or master check. I request an application for discharge of my loan for this reason.

This is not my Social Security Number, and I do not owe this loan. (Enclose a copy of your driver's license or other identification issued by a federal, state, or local government agency, and a copy of your Social Security Card.)

I believe that this loan is not an enforceable debt in the amount stated for the reasons explained in the attached letter. (Attach a letter with any supporting documentation explaining any reason other than those listed above for your objection to collection of this loan amount by garnishment of your salary.)

PART III. I SWEAR under penalty of perjury that the statements I have made on this request are true and accurate to the best of my knowledge.

DATE: _____ SIGNATURE: _____

RETURN THIS FORM TO:

Pioneer Credit Recovery, Inc.
P.O. Box 158

Important information can be found on the next page ...

Arcade NY 14009

This is an attempt, by a debt collector, to collect a debt and any information obtained will be used for that purpose.

As of the date of this letter, you owe the balance shown on this letter. Because your credit agreement may require you to pay interest on the outstanding portion of your balance, as well as late charges and costs of recovery, which vary from day to day, as you agreed in your credit agreement, the amount required to pay your account in full on the day you send payment may be greater than the amount stated here. If you pay the amount stated here, an adjustment may be necessary after we receive your payment. In that event, we will notify you of any adjustment in your balance. We encourage you to call prior to making a payment intended to pay your account in full. Please contact us at the address on this letter or call the number listed above.

New York City Department of Consumer Affairs license number is 1112250.
City of Buffalo license number 522746.

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